



STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

Notice of Decision

Decision Date: February 4, 2016

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004917

[REDACTED]

Dear [REDACTED],

On December 22, 2015 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's October 9, 2015 eligibility determination and November 17, 2015 enrollment confirmation notice.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of NY State of Health.

If you have questions about your Decision, you can contact us by:

- Calling the Customer Service Center at 1-855-355-5777
- Sending Mail to:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- Sending a Fax to 1-855-900-5557

When contacting NY State of Health about your appeal and/or the Decision, please refer to the Appeal Identification Number at the top of this notice.

Legal Authority

We are sending you this notice in accordance with Code of Federal Regulation 45 CFR § 155.545(b).

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY - Spanish: 1-877-662-4886).

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Decision Date: February 4, 2016

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004917

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Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did the Marketplace properly determine on October 9, 2015 that you were not eligible for Medicaid?

Did the Marketplace properly determine that your enrollment in your Medicaid Managed Care plan should be effective January 1, 2016?

Procedural History

On August 12, 2015 a renewal notice was issued asking you to update the information in your account by September 15, 2015 so that a decision could be made regarding the amount of financial assistance you were eligible for. The Marketplace could not confirm your income based upon information from available state and federal data sources.

On September 9, 2015, the Marketplace received your updated application for financial assistance with your health insurance.

That same day a preliminary eligibility determination was made finding that more information was needed in order to make a determination regarding your eligibility. You were asked to provide income documentation confirming your household income by September 25, 2015.

On September 10, 2015, a disenrollment notice was issued ending your coverage through New York State Catholic Health Plan, Inc. effective September 30, 2015.

On October 7, 2015, the Marketplace received your updated income documentation.

On October 9, 2015 an eligibility determination was made finding you eligible to receive advance premium tax credits and cost sharing reductions in the amount of \$311.00 per month effective November 1, 2015. The determination further found you ineligible for Medicaid based upon your attested household income of \$18,127.30.

On October 14, 2015, you contacted the Marketplace's Account Review Unit and appealed the October 9, 2015 eligibility determination as you believed you should be found eligible for Medicaid.

On November 9, 2015 the Marketplace received your updated application for financial assistance.

On November 10, 2015, an eligibility determination was made finding you eligible for Medicaid effective November 1, 2015. This was based upon your household income of \$12,383.61. You were further found eligible for Medicaid for the month of October, 2015.

On November 17, 2015, an enrollment confirmation notice was issued confirming your enrollment in your Medicaid Managed Care plan through Fidelis Care effective January 1, 2016.

On December 22, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during the hearing and closed at the end of the hearing.

Findings of Fact

A review of the record support the following findings of fact:

- 1) You are seeking insurance for yourself.
- 2) You are seeking insurance coverage under your Medicaid Managed Care plan effective October 1, 2015.
- 3) You reside in a one-person household.

- 4) You attested to a household income of \$18,127.30 on your October 9, 2015 application.
- 5) You provided income verification documents on October 7, 2015, October 14, 2015, and again on November 9, 2015.
- 6) You testified that the income documentation you provided on October 7, 2015 was not an accurate reflection of the income you actually made at your employment as it included overtime which you do not normally receive.
- 7) The record reflects that your application was not completed until you provided verification documents verifying your income on November 9, 2015.
- 8) The record reflects you enrolled in your Medicaid Managed care plan on November 17, 2015. This was based upon your attested and confirmed household income of \$12,383.61.
- 9) You were found eligible for Medicaid effective November 1, 2015. You were further found eligible for Medicaid for the month of October, 2015.
- 10) You enrolled in a Medicaid Managed Care plan on November 17, 2015.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

Applicable Law and Regulations

Medicaid Renewal

In general, the Marketplace must review Medicaid eligibility once every twelve months or “whenever it receives information about a change in a beneficiary’s circumstances that may affect eligibility” (42 CFR § 435.916(a)(1), (d)). The Marketplace must make its “redetermination of eligibility without requiring information from the individual if able to do so based on reliable information contained in the individual’s account or other more current information available to the agency, including but not limited to information accessed through any data bases accessed by the agency” (42 CFR § 435.916(a)(2)).

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The Marketplace must provide an individual with the annual redetermination notice, including the projected eligibility for coverage and financial assistance, and must require the qualified individual to report any changes within 30 days (45 CFR § 155.335(c), (e)). Once the 30-day period has lapsed, the Marketplace must issue a redetermination as provided by the notice, with consideration given to any updates provided by the individual (45 CFR §155.335(h)).

An individual is eligible for fee-for-service Medicaid effective on the first day of the month if an individual was eligible any time during that month (42 CFR 435.915(b)).

Medicaid Managed Care (MMC) plan enrollments received on or before the fifteenth day of the month are effective the first day of the following month. Enrollments received after the fifteenth day of the month are effective the first day of the second following month (Medicaid Managed Care Model Contract (Appendix H-6(b)(ii) & (iii), effective 3/1/2014 – 2/28/2019; see, §1115 Soc. Sec. Act; N.Y. Soc. Serv. Law §364-j(1)(c); 18 NYCRR 360-10.3(h)).

Timely Notice

When an individual applies for insurance through the Marketplace, the Marketplace must determine that person's eligibility promptly and without undue delay (45 CFR § 155.310(e)(1); 42 FR § 435.1200(b)(3)(iii)).

To assess whether an eligibility determination was untimely, the Marketplace must base the time period from the date of application to the date the Marketplace notifies the applicant of its decision (45 CFR § 155.310(e)(2)).

However, if the applicant submits an incomplete application or there is not sufficient information for the Marketplace to make an eligibility determination, then the Marketplace must notify that applicant that more information is needed to complete the application (45 CFR § 155.310(k)(1)).

The Marketplace must provide Medicaid applicants notice of their eligibility determination within 45 days from the date of the application (42 CFR § 435.912).

Generally, Medicaid coverage begins on the first day of the month in which the applicant was found eligible (42 CFR § 435.915(b)).

Legal Analysis

The first issued is did the Marketplace properly determine on October 9, 2015 that you were not eligible for Medicaid?

On August 12, 2015 a renewal notice was issued asking you to update the information in your account by September 15, 2015 so that a decision could be made regarding the amount of financial assistance you were eligible for. The Marketplace could not confirm your income based upon information from available state and federal data sources.

Generally, the Marketplace must redetermine a qualified individual's eligibility for Medicaid once every twelve months eligibility without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency.

On September 9, 2015, the Marketplace received your updated application. However, more information was required in the form of income documentation. You were asked to provide proof of your household income by September 25, 2015.

On October 7, 2015, the Marketplace received your updated income documentation. Because there was no timely response to this notice, you were terminated from your Medicaid managed care plan effective September 30, 2015.

Furthermore, based upon your provided income documentation, an eligibility determination was made On October 9, 2015 finding you eligible to receive advance premium tax credits and cost sharing reductions in the amount of \$311.00 per month effective November 1, 2015. The determination further found you ineligible for Medicaid based upon your attested household income of \$18,127.30.

When an individual applies for insurance through the Marketplace, the Marketplace must determine that person's eligibility promptly and without undue delay.

To assess whether an eligibility determination was untimely, the Marketplace must base the time period from the date of application to the date the Marketplace notifies the applicant of its decision.

However, if the applicant submits an incomplete application or there is not sufficient information for the Marketplace to make an eligibility determination, then the Marketplace must notify that applicant that more information is needed to complete the application.

You testified that the income documentation you provided on October 7, 2015 was not an accurate reflection of the income you actually made at your employment as it included overtime which you do not normally receive. However, documentation demonstrating your actual rate of income earned at your employer was not produced until November 9, 2015. Without the proper documentation showing your actual earned rate of pay for the month of October, 2015, the Marketplace was unable to verify your reported income. This led to a determination that you were not eligible for Medicaid on October 9, 2015.

An individual is eligible for fee-for-service Medicaid effective on the first day of the month if an individual was eligible any time during that month. Since you later provided completed income documentation demonstrating your eligibility for Medicaid on November 9, 2015, the October 9, 2015, eligibility determination is MODIFIED to reflect that you were eligible for Medicaid for the month of October, 2015.

The second issue is whether the Marketplace properly determined that your updated enrollment in your Medicaid Managed Care plan was effective January 16, 2016.

An individual is eligible for fee-for-service Medicaid effective on the first day of the month if an individual was eligible any time during that month (42 CFR 435.915(b)).

Medicaid managed care plan enrollments received on or before the fifteenth day of the month are effective the first day of the following month. Enrollments received after the fifteenth day of the month are effective the first day of the second following month.

On November 10, 2015, an eligibility determination was made finding you eligible for Medicaid effective November 1, 2015. This was based upon your household income of \$12,383.61. You were further found eligible for Medicaid for the month of October, 2015 after the requested documentation was provided.

Your enrollment in your Medicaid managed care plan though did not take effect until you completed your application and enrolled in a plan. This was not accomplished until November 17, 2015.

Medicaid managed care plan enrollments received after the fifteenth day of the month are effective the first day of the second following month. Because your enrollment was received on the 17th of November, the start date of your plan would begin the first day of the second following month which would be January 1, 2016. You still remained eligible for fee-for-service Medicaid as of the first of the month of October, November, and December 2015.

Therefore the November 17, 2015 enrollment confirmation notice is AFFIRMED insofar as your enrollment with your Medicaid Managed Care plan will begin January 1, 2016.

Decision

The October 9, 2015, eligibility determination is MODIFIED to reflect that you were eligible for Medicaid for the month of October, 2015.

The November 17, 2015 enrollment confirmation notice is AFFIRMED insofar as your enrollment with your Medicaid Managed Care plan will begin January 1, 2016.

Effective Date of this Decision: February 4, 2016

How this Decision Affects Your Eligibility

You are enrolled in your Medicaid Managed Care plan effective January 1, 2016.

You are eligible for fee-for-service Medicaid effective October 1, 2015.

If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to U.S. Department of Health and Human Services or bring a lawsuit under New York Civil Practice Law and Rules, Article 78.

You may bring a lawsuit on any Appeals Unit decision in New York State court in accordance with Article 78 of the New York Civil Practice Law and Rules. This must be done within four months after the date of the Decision Date, which appears on the first page of this Decision.

Additionally, Appeals Unit decisions on issues involving eligibility for qualified health plans, advance premium tax credits, and cost-sharing reductions may be appealed to the U.S. Department of Health and Human Services. This must be done within 30 days of the date of the Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c)).

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY – Spanish: 1-877-662-4886).

If you wish to be represented by an attorney in bringing an outside appeal and do not know how to go about getting one, you may contact legal resources available to you. You may, for example, contact the local County Bar Association, Legal Aid, or Legal Services.

If You Have Questions about this Decision (Customer Service Resources):

You can contact us in any of the following ways:

- By calling the Customer Service Center at 1-855-355-5777
- By mail at:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The October 9, 2015, eligibility determination is MODIFIED to reflect that you were eligible for Medicaid for the month of October, 2015.

The November 17, 2015 enrollment confirmation notice is AFFIRMED insofar as your enrollment with your Medicaid Managed Care plan will begin January 1, 2016.

You are enrolled in your Medicaid Managed Care plan effective January 1, 2016.

You are eligible for fee-for-service Medicaid effective October 1, 2015.

Legal Authority

We are sending you this notice in accordance with Code of Federal Regulation 45 CFR § 155.545(a).

A Copy of this Decision Has Been Provided To:

